

## PharMerica Follow Up

### Developing a Strategic Approach for IV Therapy Webinar

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Thank you for attending our recent webinar on February 7th. Our expert speakers Jacqueline Fine Vance and Martha Dietz would like to share additional educational content on this important topic.

#### Follow Up Questions & Answers

**Q. How can I obtain a copy of the standards of practice?**

A. A copy of the infusion therapy standards of practice can be purchased on the Infusion Nurses Society website [www.ins1.org](http://www.ins1.org). If you are not a member, you can purchase a digital copy for \$65. You can also purchase a hard copy of the standards.

**Q. Where can I find the scope of practice information for my state?**

A. The board of nursing website for your state will have a search option where you can look for the scope of practice documents. If you can't locate specific information on scope, then most boards of nursing will have a link to laws and regulations for the state. Search the laws and regulations for statements on scope of practice. If you're still having some trouble, you can try your state's Department of Health website, where they may list their scope of practice regulations.

**Q. Can I put vancomycin in a midline?**

A. The simple answer is a big resounding no. Never, ever put a vesicant drug in a peripheral line. A midline is just a long peripheral line. Putting a vesicant drug in a peripheral line risks extravasation. This burns a whole right through the patient's arm, creating everything from severe necrosis to a person losing their arm.

**Q. Can you review backup orders again?**

A. You should always try to get a backup order if you are starting an IV for fluids without medications and obtain a backup order for hypodermoclysis. This way, if you are unable to start an IV (perhaps the resident's veins are flat) you can rehydrate using hypodermoclysis.

Otherwise, if you can't start the IV, you may end up calling the practitioner and, most typically, the practitioner is going to say "send the resident to the ER." A backup order for hypodermoclysis will allow you to treat the resident in place. Ask the practitioner for a backup order that reads something along the lines of, "If IV attempt unsuccessful, may use hypodermoclysis." And if you get the 2-lumen kit, you can run fluids up to 124cc/hr.

Another backup order I recommend is for residents who are nauseous and may be vomiting. For some reason, the go-to order is oral Zofran. But when the resident starts vomiting up the Zofran, the nurse calls the practitioner and the order is (again, fairly typically) "Send to the ER." Why not get a back up order at that time for another route, such as IM, if the resident cannot tolerate it orally.

For more learning opportunities for the long-term care industry, view our [upcoming webinars](#).

## Part 7 – Hypodermoclysis

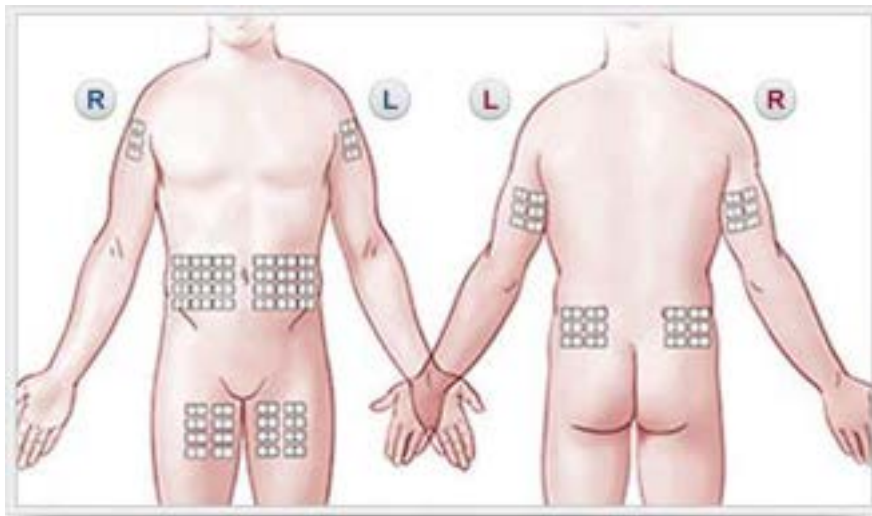
### Subcutaneous Infusion

The administration of solutions via the subcutaneous tissue on a continuous basis is called hypodermoclysis.

It is used for hydration. While subcutaneous infusion may be used for medication such as long-term insulin delivery, for our purposes, we will only be discussing hypodermoclysis, hydration.

Hypodermoclysis is used for a slow re-hydration of dehydration prevention. It is not used for severe dehydration but rather for the prevention of.

Hypodermoclysis is a good intervention for prevention of avoidable or unplanned hospitalization. An example would be if you had a patient who has mild diarrhea and isn't taking in very many fluids sue to lethargy. Hypodermoclysis will maintain hydration while the patient recovers from the acute illness.



Subcutaneous sites (include but not limited to):

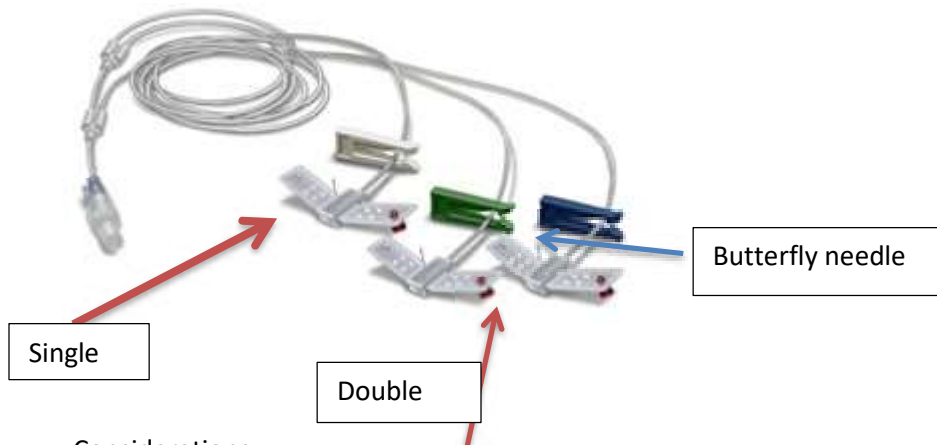
- Abdomen (greater than 2 inches from the umbilicus)
- Anterior of lateral thigh
- Lower back
- Fatty part of the upper arm (posterior and lateral upper arm)

Equipment

- Hypodermoclysis kit (or access device with antiseptic, sterile dressing), administration set
- Infusion solution
- Normal saline flush syringe
- IV pole
- Electronic infusion device

## Procedure

1. Perform hand hygiene
2. Prepare infusion solution
3. Put on clean gloves
4. Prep the site
5. Attach saline flush syringe to hypodermoclysis/subcutaneous access device and prime
6. Remove cover from access device
7. Gently grasp 1-2 inches of cleansed skin between thumb and forefinger (like you do to give a subcutaneous injection)
8. Insert access device
9. Check for blood return (there should be NONE) If you see blood, you have hit a vein and need to get a new kit/access device
10. Apply dressing and label
11. Repeat if using a second needle if using a two legged set (for more hydration)
12. Initiate infusion



## Considerations

The most common solutions used are:

- 0.9% Sodium Chloride (most preferred)
- D<sub>5</sub> ½ NS
- Lactated Ringers
- D<sub>5</sub>NS
- D<sub>5</sub>LR
- D<sub>5</sub> ¼ NS
- D<sub>2.5</sub> in ½ NS

Recommend 3 liters or less in 24 hours

Insertion or management by any licensed nurse (RN, LPN/LVN)

Must communicate with nursing assistant so not to dislodge

Site rotation either after 24 hours or 1.5-2 liters, whichever comes first, and PRN

## Note:

Maximum subcutaneous infusion rates

80 mL/hr with single site

62 mL/hr per site with 2 sites (total 124 mL hr)